WEST CENTRAL WISCONSIN – CARE MANAGEMENT COLLABORATIVE

APPLICANT ORGANIZATION AND CONTACT: The West Central Wisconsin-Care Management Collaborative (WCW-CMC) is a public-private partnership consisting of the following organizations with broad experience in community-based services, health care, and managed care: Community Health Partnership, Inc. (CHP), nine contiguous west central counties (Barron, Chippewa, Clark, Dunn, Eau Claire, Pepin, Pierce, Polk, and St. Croix), Group Health Cooperative-Eau Claire (GHC-EC), and The Management Group, Inc. (TMG). CHP will manage the funds. **Contact**: Paul Cook, Director of Operations, Community Health Partnership, Inc., 2240 EastRidge Center, Eau Claire, WI 54701, pcook@chpmail.net Phone: (715) 855-2494; Fax:(715) 858-7837.

PLANNING GRANT REQUEST: WCW-CMC will begin phased implementation of an integrated managed care program(s) beginning in the fourth quarter of 2006. A planning-implementation grant of $250,000 is requested to support a two-phased approach to the implementation planning of a fully-integrated acute/primary health, and long-term care delivery system serving all long-term care target populations in the nine-county region. Grant funds will be used in combination with $534,000 partner-invested resources to complete necessary planning and development activities prior to initial implementation during the fourth quarter of 2006, and to complete the remaining planning tasks required to complete a region-wide implementation plan covering all core programs (Family Care, Partnership, Medicaid Managed Care, and ADRC), starting in the summer of 2007. The goal will be to complete full implementation (including entitlement) over a four-year period. The WCW-CMC partners have developed the following timetable and deliverables:

Phase 1 - Present to September 2006 The goal during the Phase I will be to complete planning tasks needed to implement WWP, Family Care, and SSI Managed Care enrollments in five counties during Phase 2**.** Given the capacity and readiness of selected county partners and the managed care partners, this can be achieved prior to making final decisions about the Managed Care Organization (MCO) structure, risk assumption, and governance. It is a critical component of the overall planning strategy that these initial “pilots" be launched to give WCW-CMC a living laboratory in which to build a working model(s) capable of delivering high-quality services. To achieve this, the partners will be organized into subgroups working on critical design tasks. These are:

Organizational structure and governance – Purchased resources will be used to explore a full range of options including county-based purchasing collaboratives, development of a regional MCO under the Family Care District Statute, a partner-owned Limited Liability Corporation, or contracting with an existing MCO. The first task will be to develop an

interim organizational/governance approach with which to begin implementation. Work will continue beyond Phase 1 to determine a long-term structure that would maximize the interests and competencies of WCW-CMC partners.

Risk management and solvency – Purchased resources will be used to determine the best approach to sharing and managing the financial risk. It is anticipated this may vary by program and target population.

Care management and self-determination –WCW-CMC will assemble a broad group of stakeholders (including existing WCW-CMC care management staff from counties, CHP and GHC-EC, consumers and providers) to create a flexible care management practice that is individualized, interdisciplinary, and consumer-centered. Self-determination and self-direction options will be included. Subgroups will be formed for elderly, physically disabled, and the developmentally disabled. Purchased resources will be utilized to work on a care management structure, to be identified by WCW-CMC, to assist with developing a managed care plan for the developmentally disabled population.

Acute/primary health and long-term care integration: All partners will work together to develop a seamless system for consumers in an SSI Managed Care (SSI-MC) plan and those that become eligible for long-term care services. Consumers in the long-term care system will also receive acute and primary health care. Strategies will be developed to minimize premature entry into long-term care and nursing homes.

WCW-CMC will form groups to work on additional, identified planning and implementation activities including, but not limited to: Business Services (including IT infrastructure); Consumer Participation and Voice, Financial Viability and Solvency; ADRC Development; and Quality Outcome and Performance Improvement. The goal of Phase 1 will be to complete the work necessary to begin implementation of Family Care-and Partnership like services in five counties.

Phase 2 - October 2006 - July 2007 WCW-CMC will begin implementation of offering consumers a combination of Family Care, Partnership, and SSI-MC in the fourth quarter of 2006 in selected counties within the region. Given the experience and current capacity of the managed care partners, initial implementation will begin with the elderly and physically disabled individuals currently on Medicaid waivers. They will be offered managed care services similar to Family Care or WPP enrollment. SSI-Managed Care enrollment will be opened on a similar timeline. As design work is completed on a DD program model in early 2007, enrollment of these individuals will begin. Over time, all target populations in all counties will be offered the full range of Family Care, Partnership, and SSI-MC services. During Phase 2, WCW-CMC will develop a full-implementation timetable that would likely coincide with the 2007-09 and 2009-11 biennial budgets. CHP will be planning for a corresponding Special Needs Plan (SNP) service area expansion to bring

Medicare acute and primary services and funding into the service package. Initial counties for the SNP will be determined early in 2006 in order to submit an expansion request for 2007. It is anticipated the timing of Medicaid and Medicare expansion will not coordinate precisely during the next 3-4 years, which may necessitate developing the Medicaid service package before fully integrating with Medicare services. This issue will be addressed in the planning process. The goal will be to have at least five counties offering some combination of Family Care, WPP, and SSI/Medicaid Managed Care early in 2007.

Project Lead/Facilitation: At the direction of the collaborative partners, overall project management and coordination will be provided by a Steering Committee. This committee is composed of two representatives from the counties, and one representative each from CHP, GHC-EC, and TMG. This group will help to coordinate the activities of specific workgroups, as well as the development of efforts to inform County Boards, related county/public agencies, consumers, providers, and interested stakeholders. A project manager or managers will be designated or hired under a contract with WCW-CMC using grant funding; TMG will provide facilitation and analytical services.

AREA: The service area for the WCW-CMC is congruent with the boundaries of the nine contiguous partnering counties, which includes 7,026 square miles and whose population served is 7% of the statewide total.

	Population (DOA Census)		COP and Waiver Programs (DHFS)			WPP (DHFS)		SSI (DHFS)*	NH (DHFS)	COP/ Waiver Wait List (DHFS)
	All	18+	Elderly	DD*	PD	Elderly	PD			
REGIONAL TOTALS	415,206	308,703	524	2,117	321	527	244	8,103	2,244	613

NOTE: The population counts are derived from public data, available on State of Wisconsin websites. *COP / Waiver DD and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

BACKGROUND: WCW-CMC county partners each have over 20 years of experience independently operating community long-term care programs for all populations. CHP operates a fully-integrated Partnership Program in Eau Claire, Chippewa, and Dunn counties. GHC-EC currently serves Medicaid consumers and plans to initiate SSI-MC in all counties. An ADRC is currently being developed in Barron County. The collaborative has identified barriers to integration and expansion of managed care. These barriers will be addressed as part of the planning and implementation process, including, but not limited to issues such as: ensuring consumer participation; preferred/best use role of each partner; provider network development; financial, administrative, and IT infrastructure; development of consumer-centered care models, self-direction/determination, a regional ADRC, and local quality improvement programs. The strengths of the WCW-CMC partners, the depth of experience, the knowledge of local programs and communities, the insight regarding

long-term care reform, and the diversity of organizational strengths and skills will provide the means and opportunities for the development of an effective managed care program.

PLANNING PARTNERS AND RESOURCES: WCW-CMC is fully committed to planning for and implementing a proposed managed care program model. Partner contributed resources amount to $784,000 of which $60,000 is in cash. Please refer to the budget section for a detailed list of partner contributions. Over the past several months, all partners in the collaborative have come together to begin strategic planning for a regional LTC system with the capacity to meet long-term care needs along with acute/primary health care needs with community-based services. Consumers, community groups, and local officials will be actively recruited and engaged in planning and implementation of the managed care program.

COORDINATION/INTEGRATION WITH CURRENT INITIATIVES: The WCW-CMC and county partners are actively working to develop a regional network of accessible ADRCs by joining together with the ADRC currently operating in Barron County and the developed, but unfunded plans for ADRCs in Eau Claire, Chippewa, and St. Croix counties. The resulting system will be capable of sharing resource information through IT connection and maintaining a local office structure available in each county for access by consumers. CHP provides a fully-integrated Wisconsin Partnership Program. GHC-EC currently serves as a Medicaid HMO in nineteen counties and intends to offer SSI-MC across the region. The overall goal of WCW-CMC is to integrate these currently separate initiatives and programs into a seamless regional system.

READINESS FOR MANAGED CARE: WCW-CMC consists of organizations that are currently operating and fully capable of implementing a managed system of acute/primary health and long-term care by 2011. CHP and GHC-EC are licensed and solvent Wisconsin HMOs with a proven track record of providing managed care services to Medicaid and long-term care eligible consumers. They are financially capable of supporting the proposed expansions. GHC-EC has served the Medicaid population for twenty years. CHP has provided a fully-integrated Wisconsin Partnership Program to frail elders and physically disabled adults for eight years. Counties have over 20 years of experience in the program and financial management of Medicaid waivers. The county partners will provide an important complement to CHP's and GHC-EC's managed care expertise through their knowledge and experience with overall consumer outcomes. All partners are working together to determine how to use the strengths of their organizations to best serve the enrollees and their communities. CHP, St. Croix, and Pierce counties have been preparing for expansion of the Partnership Program. CHP

and GHC-EC have developed a full array of business services to manage risk, including care management software developed by CHP that allows for an electronic record for enrolled members. All of these business services are scalable to a larger and more diverse population, as well as a wider geographic region. CHP, TMG, and GHC-EC provide the collaborative with the financial management capacity required to successfully operate managed care programs.

BUDGET:

Partner	Contribution	
	In-Kind[1]	$
DHFS		250,000
9 Counties	324,000	0
Private Partners	150,000	60,000
TOTAL	474,000	310,000

[1] Assumes each participating organization will contribute an average of 40 hours per week of staff time over an 18-month period, at a cost averaging $50 per hour. This may vary from partner to partner. Does not include transportation costs.

Deliverables	Timeline Phase I / II
MCO Structure	I / II
Risk Management Solvency	I / II
Care Management Self Direction	I / II
ADRC Development Plan	I
DD Program Model	II
Consumer Participation	I
Administrative Infrastructure	I / II
Operating Agreements	I
Quality Improvement System	I
Provider Network Development	I
Workforce recruitment & retention Plan	I / II
Financial Management /Operations	I / II

Planning/Implementation Activities	Budget Request
Consumer Participation	12,000
Data and risk profiling	60;000
Facilitation/Analysis	35,000
Legal Fees	20,000
Project Management	70,000
IIT Consultation	50,000
DD Program Design Consult	28,000
Care Management	25,000
Travel/incidental Expenses	10,000
TOTAL	310,000

CLOSING: The WCW-CMC's objective is the development and operation of a regional-integrated, managed care delivery system capable of providing all eligible elderly, physically disabled, and developmentally disabled citizens of our region access to high-quality, 'well-managed' health and long-term care services when they need them and in the place they call home. The system will have flexibility in the use of services so that each consumer will have *the right service in the right amount at the right time* to achieve individual outcomes. We have the service delivery and managed care capacity, demonstrated competency, and financial resources to begin implementation in this biennium and an implementation strategy which allow us to learn and improve while doing. The WCW-CMC organized and started meeting well in advance of the release of the RFI/RFP. This effort has already led to a strong level of understanding and commitment to long-term care reform. The shared responsibility that this collaborative will use to form groups to work on key issues will allow a much stronger stakeholder investment in the development of a system that serves the partners' geographic area. WCW-CMC partner organizations are comprised of individuals that live and work in this geographical service area. The partners all believe in a system that has a local connection for the consumer and that serves each consumer in the tradition of Wisconsin's long history of local human services – with uniqueness, choice, access, and quality while being good stewards of the financial resources.